

# FIRST CAPITAL

EQUIPMENT LEASING CORPORATION

Phone 800-541-0114 or 508-833-2228 • Fax 800-403-3529 or 508-833-6692

LeaseExperts.com



## RELIGIOUS ORGANIZATION CREDIT PROFILE

Name of Organization (Incorporation Name): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax #: \_\_\_\_\_ URL: \_\_\_\_\_  
Address: \_\_\_\_\_  
Are you incorporated? \_\_\_\_\_ If yes, what State? \_\_\_\_\_ Date Started: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_ Sales Tax Exempt: Yes \_\_\_\_\_ Fax certificate \_\_\_\_\_  
What is your national affiliation: \_\_\_\_\_ Number of members: Active \_\_\_\_\_ Contributing \_\_\_\_\_  
Business structure governing body? (Deacons, Elders, Bishops, Board etc.) \_\_\_\_\_  
Weekly collections: \$ \_\_\_\_\_ Current years budget: \$ \_\_\_\_\_ Last years budget: \$ \_\_\_\_\_  
Number of Paid Employees: Full \_\_\_\_\_ Part Time: \_\_\_\_\_  
Business/financial decision maker's name/title? \_\_\_\_\_ Title: \_\_\_\_\_  
Mortgage holder name/phone number? \_\_\_\_\_ Phone: \_\_\_\_\_  
Does the organization operate any other businesses here? \_\_\_\_\_

### REFERENCES

Bank account from which invoices will be paid. (Fax the last 3 months bank statements, summary page only)

Bank Name: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Loan/Lease Ref: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Acct #: \_\_\_\_\_

### EQUIPMENT AND TERMS

Equipment to be leased: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_  
Equipment Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Term in months: 24 36 48 60 Purchase Option: \$1.00 10%/FMV Monthly Payment: \$ \_\_\_\_\_

### CREDIT AUTHORIZATION

**By signing below**, the undersigned individual (s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to First Capital Equipment Leasing Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and/or from any bank or trade reference provided herein. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. I/we authorize First Capital Equipment Leasing Corp. to communicate with me/us using any fax numbers and email addresses provided. **Further, I/we affirm my/our identity as the respective individual/s identified in the above application and that all of the information contained herein is accurate, true and complete.**

### Guarantor/Co-signer Section (may be waived based on credit and time in business)

Guarantor Name \_\_\_\_\_ Soc. Sec # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Signature:  \_\_\_\_\_ Email \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Church Corporate Officer Print Name \_\_\_\_\_ Title: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_